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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicants:** Todd Charlton Sacktor, et al.**Examiner:** Unassigned**Serial No:** 10/533,595**Art Unit:** Unassigned**Filed:** May 2, 2005**Docket:** 15878**For** ATYPICAL PROTEIN KINASE
C ISOFORMS IN DISORDERS
OF THE NERVOUS SYSTEM AND CANCER**Dated:** November 10, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

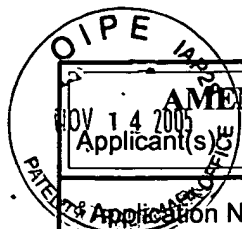
In connection with the filing of the above-identified application, kindly enter the following preliminary amendments.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 10, 2005.

Dated: November 10, 2005

Peter I. Bernstein



AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s) Todd Charlton Sacktor, et al.					Docket No. 15878	
Application No. 10/533,595	Filing Date May 2, 2005	Examiner Unassigned	Customer No. 23389	Group Art Unit Unassigned	Confirmation No. Unassigned	
Invention: ATYPICAL PROTEIN KINASE C ISOFORMS IN DISORDERS OF THE NERVOUS SYSTEM AND CANCER						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	41 -	41 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	8 -	8 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <i>Signature</i>			Dated: November 10, 2005			
Peter I. Bernstein Registration No. 43,497 Scully, Scott, Murphy & Presser 400 Garden City Plaza-Ste 300 Garden City, New York 11530 (516) 742-4343			<div>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on November 10, 2005 (Date) <i>Signature of Person Mailing Correspondence</i> Peter I. Bernstein <i>Typed or Printed Name of Person Mailing Correspondence</i></div>			
cc: PIB/ZY:ab						